

This form is available electronically.

CCC-644 (03-08-05) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation AMERICAN INDIAN LIVESTOCK FEED PROGRAM (AILFP) PAYMENT APPLICATION	1. APPLICANT NAME
	2. APPLICANT ADDRESS (Include ZIP Code)
	3. APPLICANT ID NUMBER (SSN/TID/EIN)

NOTE: The authority for collecting the following information is Pub. L. 108-324. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting the following information is 7 CFR Part 1439.900-.914. The information will be used to determine producer eligibility and payment amount for the American Indian Livestock Feed Program (AILFP). Furnishing the requested information is voluntary. Failure to furnish the requested information will result in nonparticipation. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO THE APPROPRIATE TRIBAL GOVERNMENT OR FSA COUNTY OFFICE. TRIBAL GOVERNMENT, RETURN THIS COMPLETED FORM TO THE DESIGNATED COUNTY FSA OFFICE.**

4. Select the Production Year (calendar year) for which you are applying for AILFP benefits. (Select only ONE year.)	
<input type="checkbox"/> 2003	<input type="checkbox"/> 2004
5. Did you own or lease livestock that were on tribal governed land in the year selected in Item 4?	6. What is your share of those livestock?
<input type="checkbox"/> YES <input type="checkbox"/> NO	%

7. Name of the American Indian tribe that governed the land on which your livestock were located in the year selected in Item 4.			

8A. Did you BUY livestock feed during or as a result of a natural disaster that occurred during the year indicated in Item 4?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
8B. Was the livestock feed purchased for your livestock that were located on tribal governed land during the year indicated in Item 4?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

If you answered "YES" to both questions, provide information from your feed receipts in Items 8C, 8D, and 8E. Total the feed costs in Item 8F. If you need more space, you may use form CCC-644A, AILFP Continuation Sheet, or write the information on a blank sheet of paper and attach it to this payment application.

8C. Name of Feed Supplier	8D. Date the Feed was Bought (MM-DD-YYYY)	8E. Cost of the Feed
		\$
		\$
		\$
		\$
		\$

8F. Total Purchases	\$
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9. Did you SELL any livestock feed that could have otherwise been fed to your animals during a natural disaster in the year indicated in Item 4? If you answered "NO", continue to Item 11. If you answered "YES", provide the information requested below for the livestock feed you sold that year. If you need to report additional sales, use form CCC-644A, AILFP Continuation Sheet, or write the information on a blank piece of paper and attach it to this payment application.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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9A. Type of Feed Sold	9B. Date the Feed was Sold (MM-DD-YYYY)	9C. Payment Received for the Feed Sold
		\$
		\$
		\$
		\$
		\$
		\$

9D. Total Feed Sold	\$
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[illegible]

II. APPLICANT CERTIFICATION. *I certify that all the information provided on this Payment Application is true and correct to the best of my knowledge. I further certify I am eligible for the payment, own or lease the livestock identified, have purchased the livestock feed indicated, and the feed was fed to eligible livestock identified in Item 10.*

A. SIGNATURE OF APPLICANT	B. DATE (MM-DD-YYYY)
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12. TRIBAL CERTIFICATION. *I certify that all the information provided by the applicant on this application is true and correct to the best of my knowledge, and the tribal government has determined this applicant **ELIGIBLE** for payment. I further certify that I am authorized by the tribal government to sign this document on their behalf.*

A. SIGNATURE OF TRIBAL REPRESENTATIVE	B. POSITION IN TRIBAL GOVERNMENT	C. DATE (MM-DD-YYYY)
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13A. COC REPRESENTATIVE ACKNOWLEDGING RECEIPT OF APPLICATION	13B. TITLE	13C. DATE (MM-DD-YYYY)
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14A. SIGNATURE OF DEPUTY ADMINISTRATOR FOR FARM PROGRAMS	14B. DATE (MM-DD-YYYY)
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*Livestock Type and Weight Range

Beef, Buffalo, & Beefalo, Less than 400 lbs.	Dairy Cow, Less than 1100 lbs.	Sheep, Less than 44 lbs.	Goats Buck, 125+ lbs.
Beef, Buffalo, & Beefalo, 400 - 799 lbs.	Dairy Cow, 1100 - 1299 lbs.	Sheep, 44 - 82 lbs.	Equine, Less than 450 lbs.
Beef, Buffalo, & Beefalo, 800 - 1099 lbs.	Dairy Cow, 1200 - 1499 lbs.	Sheep, 83+ lbs.	Equine, 450 - 649 lbs.
Beef, Buffalo, & Beefalo, 1100+ lbs.	Dairy Cow, 1500+ lbs.	Sheep Ewe, 150+ lbs.	Equine, 650 - 874 lbs.
Beef, Buffalo, & Beefalo, Cow	Dairy Bulls, 1000+ lbs.	Sheep Ram, 150+ lbs.	Equine, 875+ lbs.
Beef, Buffalo, & Beefalo, Bull, 1000+ lbs.	Swine, Less than 45 lbs.	Goats, Less than 44 lbs.	Reindeer, Less than 400 lbs.
Dairy Cattle, Less than 400 lbs.	Swine, 45 - 124 lbs.	Goats, 44 - 82 lbs.	Elk, Less than 400 lbs.
Dairy Cattle, 400 - 799 lbs.	Swine, 125+ lbs.	Goats, 83+ lbs.	Elk, 400 - 799 lbs.
Dairy Cattle, 800 - 1099 lbs.	Swine Sow, 235+ lbs.	Goats Doe, 125+ lbs.	Elk, 800 - 1099 lbs.
Dairy Cattle, 1100+ lbs.	Swine Boar, 235+ lbs.	Goats Doe, Dairy, 125+ lbs.	